

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF PENNSYLVANIA

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Turning Points for Children CUA 10, LLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 46-5135980

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

1500 Market Street, Suite 1500E
Philadelphia, PA 19102

Number, Street, City, State & ZIP Code

Philadelphia
County

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) www.turningpointsforchildren.org

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor **Turning Points for Children CUA 10, LLC**
Name

Case number (if known)

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☒ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8134**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. Check **all** that apply:

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☐ No.
- ☒ Yes.

If more than 2 cases, attach a separate list.

District **Eastern District of Pennsylvania**

District **See Attachment**

When **6/30/17**

When

Case number **17-14463 (AMC)**

Case number

Debtor **Turning Points for Children CUA 10, LLC**
Name

Case number (if known)

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?
- ☐ No
☒ Yes.

List all cases. If more than 1, attach a separate list

Debtor **See Attachment**

District

When

Relationship

Case number, if known

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes.

Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

- ☐ It needs to be physically secured or protected from the weather.

- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

- ☐ Other

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes.

Insurance agency

Contact name

Phone

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☒ 1-49

☐ 50-99

☐ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

15. Estimated Assets

☒ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

16. Estimated liabilities

☒ \$0 - \$50,000

☐ \$1,000,001 - \$10 million

☐ \$500,000,001 - \$1 billion

Debtor	Turning Points for Children CUA 10, LLC	Case number (if known)	
Name			
	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
	<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

Debtor Turning Points for Children CUA 10, LLC
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

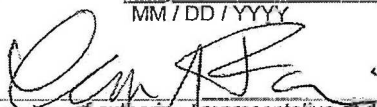
I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 1, 2024

MM/DD/YYYY

X


Signature of authorized representative of debtor

David R. Fair

Printed name

Title Executive Director

18. Signature of attorney

X


Signature of attorney for debtor

Date May 1, 2024

MM/DD/YYYY

Aris J. Karalis

Printed name

Karalis PC

Firm name

1900 Spruce Street

Philadelphia, PA 19103

Number, Street, City, State & ZIP Code

Contact phone (215) 546-4500

Email address akaralis@karalislaw.com

52836 PA

Bar number and State

Debtor **Turning Points for Children CUA 10, LLC**
Name

Case number (if known)

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF PENNSYLVANIA

Case number (if known)

Chapter

11

☐ Check if this an amended filing

FORM 201. VOLUNTARY PETITION

Prior Bankruptcy Cases Filed Attachment

District

Eastern District of Pennsylvania
Eastern District of Pennsylvania
Eastern District of Pennsylvania

Case Number

17-14463 (AMC)
17-14466 (AMC)
17-14467 (AMC)

Date Filed

6/30/17
6/30/17
6/30/17

Debtor **Turning Points for Children CUA 10, LLC** Case number (if known) _____
 Name

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF PENNSYLVANIA

Case number (if known) _____ Chapter **11**

☐ Check if this an amended filing

FORM 201. VOLUNTARY PETITION
Pending Bankruptcy Cases Attachment

Debtor	Turning Points CUA 3, LLC	Relationship to you	Affiliate
District	Eastern District of Pennsylvania	When 5/01/24	Case number, if known 24-
Debtor	Turning Points CUA 9, LLC	Relationship to you	Affiliate
District	Eastern District of Pennsylvania	When 5/01/24	Case number, if known 24-
Debtor	Turning Points for Children	Relationship to you	Affiliate
District	Eastern District of Pennsylvania	When 5/01/24	Case number, if known 24-
Debtor	Turning Points for Children CUA 5, LLC	Relationship to you	Affiliate
District	Eastern District of Pennsylvania	When 5/01/24	Case number, if known 24-

RECENT BALANCE SHEET

Turning Points for Children Consolidated (Inclusive of CUA 3 LLC, CUA 5 LLC, CUA 9 LLC, CUA 10 LLC)
Statement of Financial Position
Interim Report
For Period Ending April 30, 2024

			<u>Combined Totals</u>
	<u>Without Donor</u>	<u>With Donor</u>	<u>April 30, 2024</u>
Assets	Restrictions	Restrictions	
Cash and Cash Equivalents	1,797,657	466,258	2,263,915
Accounts Receivable	5,040,789	-	5,040,789
Prepaid Expenses	2,736,659	-	2,736,659
Property and Equipment	7,338,083	-	7,338,083
Less: Accumulated Depreciation	(5,195,050)	-	(5,195,050)
Beneficial Interest In TPFC Foundation	5,351,955	12,273,817	17,625,772
Beneficial Interest in Trusts	-	4,563,258	4,563,258
Total Assets	17,070,093	17,303,333	34,373,426
Liabilities			
Accounts Payable	61,955	-	61,955
Accrued Expenses	925,976	-	925,976
Line of Credit (Td Bank)	3,993,000	-	3,993,000
Due to/from Affiliates (PHMC)	(26,355)	-	(26,355)
PPP Loan	-	-	0
Deferred Revenue	(88,550)	-	(88,550)
Construction Loan (3901 Market)	782,049	-	782,049
Leasehold Liability	752,878	-	752,878
Note/Bond Payable	-	-	-
Total Liabilities	6,400,954	-	6,400,954
Net Assets			
Unrestricted	10,669,139	-	10,669,139
Temporarily Restricted	-	466,258	466,258
Permanently Restricted	-	16,837,075	16,837,075
Total Net Assets	10,669,139	17,303,333	27,972,472
Total Liabilities and Net Assets	17,070,093	17,303,333	34,373,426

RECENT STATEMENT OF OPERATIONS

Turning Points for Children Consolidated (Inclusive of CUA 3 LLC, CUA 5 LLC, CUA 9 LLC, CUA 10 LLC)

Income Statement

Fiscal Year '24 - July 1, 2023 to June 30, 2024

@ March 31, 2024

	Year-to-Date Actual March 31, 2024	Year-to-Date Budget March 31, 2014	Variance	FY23 YTD (Actual) March 31, 2023
Pennsylvania Department Of Health	-	-	-	33,652
PA Department Of Education	249,395	261,769	(12,373)	235,485
Department Of Human Services	25,035,749	23,815,271	1,220,478	45,005,596
SAMHSA	8,476	-	8,476	27,129
DOJ Department of Justice	-	-	-	-
PHMC	76,248	99,545	(23,297)	92,472
Affiliates	-	-	-	235,013
Office Of Supportive Housing	(4,952)	-	-	-
HPC (SELPHI) Health Promotional Council	-	-	-	-
PEW Foundation	-	-	-	155,000
Corporate & Private Income	619,079	-	619,079	83,631
Assigned Trust / Interest Income	130,928	148,275	(17,347)	244,490
Endowment Income	1,200,000	900,000	300,000	675,000
Donations / General	148,543	24,000	124,543	434,011
Miscellaneous Income	29,667	-	29,667	12,988
Total Operating Revenue	27,493,134	25,248,859	109%	47,234,467
Salaries	9,253,890	9,350,890	(97,000)	21,172,635
Fringe and other Employee Benefits	2,412,073	2,192,242	219,831	5,152,232
Consultant/Professional Services	628,468	173,173	455,295	672,103
Training/Staff Development	128,982	70,099	58,882	198,378
PHMC/Data Base Mgmt. and IT Consultant	2,007,741	1,826,823	180,917	2,005,960
CUA Maintenance/Emergency Fund	7,904,224	7,838,048	66,176	8,852,525
Direct Program Related Expenses	407,056	128,140	278,916	638,485
Stipends	5,225	97,169	(91,944)	9,701
Printing	5,216	12,516	(7,300)	5,306
Accreditation/Evaluation	-	-	-	-
Travel/Transportation	329,547	217,023	112,525	630,724
Occupancy	880,247	424,217	456,030	1,776,079
Liability/Property/Auto Insurance	4,438,603	2,140,632	2,297,971	4,181,201
Cellular Phones	255,655	129,457	126,198	360,182
Office Supplies and Computer Supplies	81,477	66,756	14,720	292,794
Postage/Delivery	11,960	8,031	3,930	25,477
Marketing/Public Relations	51,671	6,540	45,131	55,938
Fundraising Expense	7,290	7,500	(210)	57,426
Recruitment/Background Checks	120,967	64,570	56,397	214,813
Dues/Subscriptions	30,035	9,109	20,927	25,570
Meetings/Staff Events	12,279	7,500	4,779	4,903
Interest Expense/Bank Fees	656,781	335,777	321,003	522,176
Miscellaneous	103,229	27,822	75,407	78,900
Equipment Lease/Repairs	83,275	9,279	73,996	119,461
Total Operating Expenses	29,815,889	25,143,312	119%	47,052,969
Surplus/(Deficit) from Operations	(2,322,755)	105,547		181,498
Other Expenses (Non-Cash)				
Depreciation	45,733	37,500		148,200
Bad Debt	-	30,000		-
Net Surplus/(Deficit)	(2,368,488)	38,047		33,298

RECENT CASH FLOW STATEMENT

TURNING POINTS FOR CHILDREN

STATEMENT OF CASH FLOWS

Year ended June 30, 2022 with comparative totals for 2021

	<u>2022</u>	<u>2021</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
<i>Change in net assets</i>	\$ 590,597	\$ 5,822,594
<i>Adjustments to reconcile change in net assets to net cash provided by (used for) operating activities</i>		
Depreciation	211,403	308,192
Bad debt expense	123,023	258,258
Forgiveness of Paycheck Protection Program Loans	(5,578,760)	-
(Increase) decrease in value of beneficial interest in trusts	1,052,287	(863,974)
(Increase) decrease in value of interest in net assets of Turning Points for Children Charitable Foundation	3,882,390	(4,417,726)
(Increase) decrease in		
Accounts receivable	(3,080,548)	(2,378,161)
Contributions receivable	104,406	241,947
Prepaid expenses and other assets	514,771	(551,678)
Due from related parties	300,705	63,263
Increase (decrease) in		
Accounts payable and accrued expenses	(488,955)	112,617
Accounts payable - related parties	2,676,345	(2,454,958)
Deferred rent	(41,748)	(26,159)
Net cash provided by (used for) operating activities	<u>265,916</u>	<u>(3,885,785)</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of property and equipment	<u>(58,791)</u>	<u>(1,275)</u>
CASH FLOWS FROM FINANCING ACTIVITIES		
Net advances (payments) under line-of-credit	-	(3,950,000)
Repayments of loan payable	(238,309)	(227,007)
Proceeds from Paycheck Protection Program Loan	-	5,578,760
Repayments of loan payable - related party	<u>-</u>	<u>(103,125)</u>
Net cash provided by (used for) financing activities	<u>(238,309)</u>	<u>1,298,628</u>
Net change in cash	(31,184)	(2,588,432)
CASH		
Beginning of year	<u>2,244,832</u>	<u>4,833,264</u>
End of year	<u>\$ 2,213,648</u>	<u>\$ 2,244,832</u>
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION		
Interest paid	<u>\$ 394,503</u>	<u>\$ 522,079</u>

See accompanying notes

RECENT FEDERAL FORM 990 TAX RETURN

** Document DISCLOSE COPY **

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2021Open to Public
Inspection

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.**A** For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TURNING POINTS FOR CHILDREN		D Employer identification number 23-1352272
	Doing business as		E Telephone number 215-875-4950
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	415 SOUTH 15TH STREET		
	City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA, PA 19146		G Gross receipts \$ 66,996,502.
F Name and address of principal officer: ROBERT BLOCK SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.TURNINGPOINTSFORCHILDREN.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1835 M State of legal domicile: PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO NURTURE FAMILIES WITH CHILDREN WHO ARE STRUGGLING AGAINST ECONOMIC AND ENVIRONMENTAL ODDS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a) 16		
	4 Number of independent voting members of the governing body (Part VI, line 1b) 15		
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 753		
	6 Total number of volunteers (estimate if necessary) 15		
	7a Total unrelated business revenue from Part VIII, column (C), line 12 0.		
7b Net unrelated business taxable income from Form 990-T, Part I, line 11 0.			
Revenue	8 Contributions and grants (Part VIII, line 1h) 61,397,440.	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g) 0.	61,397,440.	66,668,988.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 285,926.	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -16,398.	285,926.	311,278.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 61,666,968.	-16,398.	-19,025.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0.	61,666,968.	66,961,241.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0.	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 35,330,259.	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0.	35,330,259.	34,247,905.
	b Total fundraising expenses (Part IX, column (D), line 25) 299,203.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 25,537,557.	25,537,557.	27,065,039.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 60,867,816.	60,867,816.	61,312,944.
19 Revenue less expenses. Subtract line 18 from line 12 799,152.	799,152.	5,648,297.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 49,075,504.	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26) 19,314,150.	49,075,504.	45,994,674.
	22 Net assets or fund balances. Subtract line 21 from line 20 29,761,354.	19,314,150.	15,642,723.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	ROBERT BLOCK, CFO, PHMC				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	JENNIFER SOLOT	JENNIFER SOLOT	05/15/23		P00749373
	Firm's name BBD, LLP	Firm's EIN 23-2896692			
	Firm's address 1835 MARKET STREET, 3RD FLOOR		Phone no. 215-567-7770		
	PHILADELPHIA, PA 19103				

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

TO NURTURE FAMILIES WITH CHILDREN WHO ARE STRUGGLING AGAINST ECONOMIC AND ENVIRONMENTAL ODDS, GIVING THEM THE CRITICAL RESOURCES, LIFE SKILLS AND SUPPORTIVE PARTNERSHIPS TO CREATE STRONGER FAMILIES AND RAISE CHILDREN WITH HOPE FOR A BRIGHTER FUTURE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 34,543,277. including grants of \$) (Revenue \$)

COMMUNITY UMBRELLA AGENCY ("CUA") - UNDER WHICH TURNING POINTS IS A SUPERVISORY CONDUIT FOR DHS FUNDING TO SOCIAL SERVICE PROVIDERS WITHIN THE 15TH (CUA 3), 16TH AND 19TH (CUA 10), 35TH AND 39TH (CUA 5), AND 12TH, 18TH AND 77TH (CUA 9) POLICE DISTRICTS OF PHILADELPHIA. TPFC ASSUMED CONTROL OF CUAS 5 AND 10 ON JANUARY 1, 2018. AS A CUA, TURNING POINTS IS RESPONSIBLE FOR PROVIDING ITS OWN SERVICES AND THE SERVICES OF SUBCONTRACTORS TO CHILDREN AND YOUTH WITHIN THOSE POLICE DISTRICTS. TURNING POINTS IS RESPONSIBLE FOR THE SAFETY, WELL-BEING AND PERMANENCY OF OVER 6,000 CHILDREN AND THEIR FAMILIES ACROSS THE FOUR CUAS SERVED. TURNING POINTS IS REGULARLY LAUDED BY THE CITY OF PHILADELPHIA'S DEPARTMENT OF HUMAN SERVICES FOR BEING A TOP PERFORMER IN KEY BENCHMARKS AND FOR STRONG MANAGEMENT.

4b (Code:) (Expenses \$ 18,308,849. including grants of \$) (Revenue \$)

RESOURCE PARENT/FOSTER CARE IS A FOSTER CARE PROGRAM THAT PROVIDES SAFE AND HEALTHY HOMES FOR OVER 700 CHILDREN IN PHILADELPHIA. TURNING POINTS FOR CHILDREN'S FOSTER CARE PROGRAM PROVIDES SAFE AND HEALTHY HOMES FOR OVER 700 CHILDREN IN PHILADELPHIA. SOMETIMES, IT BECOMES NECESSARY TO REMOVE A CHILD FROM THEIR FAMILY WHILE ISSUES RELATED TO CHILD ABUSE AND NEGLECT ARE ADDRESSED. WHEN THIS HAPPENS, A TURNING POINTS CASE MANAGER WORKS CLOSELY WITH THE BIOLOGICAL AND FOSTER FAMILY, RELATIVE CAREGIVERS, DHS, THE COURTS AND OTHER AGENCIES TO HELP THE FAMILY ADDRESS ITS CHALLENGES AND REUNIFY THE CHILD WITH THE BIOLOGICAL FAMILY AS SOON AS POSSIBLE. WHEN THAT IS NOT POSSIBLE, TURNING POINTS WORKS TO FIND ANOTHER PERMANENT FAMILY.

4c (Code:) (Expenses \$ 1,716,041. including grants of \$) (Revenue \$)

YV LIFESET: YV LIFESET PROGRAM PROVIDES TRANSITION SERVICES TO YOUNG ADULTS AGES 17-22, WHO HAVE AGED OUT OF FOSTER CARE, JUVENILE JUSTICE AND MENTAL HEALTH SYSTEMS, OR WHO WOULD OTHERWISE FIND THEMSELVES WITHOUT THE SKILLS AND RESOURCES TO LIVE SUCCESSFULLY AT THIS CRITICAL JUNCTION IN THEIR YOUNG LIVES. THE PROGRAM MODEL PROVIDES A PROVEN LEVEL OF INTENSE CASE MANAGEMENT IN THAT THE YVLIFESET SPECIALISTS ARE AVAILABLE TO THE YOUNG ADULTS 24 HOURS A DAY, SEVEN DAYS A WEEK. THEY MAKE A MINIMUM OF ONE FACE-TO-FACE CONTACT PER WEEK WITH THE YOUTH AT THE YOUTH'S HOME, JOB OR WHEREVER IS MOST CONVENIENT. THE NUMBER OF SESSIONS IS INCREASED AS NEEDED TO MATCH THE INDIVIDUAL NEEDS OF EACH YOUNG ADULT. THE YVLIFESET PROGRAM INTEGRATES BOTH CLINICAL AND CASE MANAGEMENT COMPONENTS TO HELP ENSURE YOUNG PEOPLE ARE ENGAGED IN THE

4d Other program services (Describe on Schedule O.)

(Expenses \$ 2,419,953. including grants of \$) (Revenue \$)

4e Total program service expenses **56,988,120.**

Form 990 (2021)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 753		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/A	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
N/A			
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
N/A			
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
N/A			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
If "Yes," complete Form 4720, Schedule O.			
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
N/A			
If "Yes," complete Form 6069.			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 16		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent 1b 15		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6	X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a	X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c	X	
13 Did the organization have a written whistleblower policy? 13	X	
14 Did the organization have a written document retention and destruction policy? 14		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official 15a	X	
b Other officers or key employees of the organization 15b	X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **PA, NJ**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records **►**
SETH JONES, SR DIRECTOR OF FINANCE & ADMIN - 215-875-4950
415 SOUTH 15TH STREET, PHILADELPHIA, PA 19146

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAWN HOLDEN WOODS CEO	18.75 22.75			X				199,955.	199,955.	89,016.
(2) SETH JONES SR. DIR OF FINANCE & ADMIN	37.50 2.00				X			157,184.	0.	44,621.
(3) DAVID FAIR DEPUTY CEO	37.50				X			145,361.	0.	28,195.
(4) NATASHA WATSON CUA 5 DIRECTOR	37.50				X			123,861.	0.	16,428.
(5) CYDNEY IRVING-DASENT DIRECTOR OF CUA OPERATIONS	37.50				X			132,094.	0.	7,354.
(6) SCOTT ELDRIDGE CUA 9 DIRECTOR	37.50				X			121,186.	0.	15,440.
(7) DANIEL RADICH BOARD MEMBER	2.00 38.50	X						0.	118,603.	12,800.
(8) JAMES W. ORAM JR PRESIDENT	2.00 3.00	X		X				0.	0.	0.
(9) RAMCESS JEAN-LOUIS VICE PRESIDENT	2.00	X		X				0.	0.	0.
(10) JAMES A. STAVROS TREASURER	2.00 2.00	X		X				0.	0.	0.
(11) RACHEL E. BRANSON BOARD MEMBER	2.00	X						0.	0.	0.
(12) NANDI JAMES WILLIAMS BOARD MEMBER	2.00	X						0.	0.	0.
(13) SAM PATTERSON BOARD MEMBER	2.00 8.00	X						0.	0.	0.
(14) MARION CAMPBELL BOARD MEMBER	2.00	X						0.	0.	0.
(15) ANNE GRUNER BOARD MEMBER	2.00	X						0.	0.	0.
(16) CAMILLE HYMES BOARD MEMBER	2.00	X						0.	0.	0.
(17) RICK KRAEMER BOARD MEMBER	2.00 2.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SUSAN LONERGAN BOARD MEMBER	2.00	X						0.	0.	0.
(19) AMANDA GALLAGHER BOARD MEMBER	2.00	X						0.	0.	0.
(20) CRYSTAL THOMPSON BOARD MEMBER	2.00	X						0.	0.	0.
(21) HERMAN L WOODS JR. BOARD MEMBER	2.00	X						0.	0.	0.
(22) NANDI JONES-CLEMENT BOARD MEMBER	2.00	X						0.	0.	0.
1b Subtotal								879,641.	318,558.	213,854.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								879,641.	318,558.	213,854.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	267,000.				
	d Related organizations	1d	1,124,878.				
	e Government grants (contributions)	1e	63,981,496.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,295,614.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			311,278.			311,278.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real (ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ 267,000. of contributions reported on line 1c). See Part IV, line 18	8a	16,236.				
	b Less: direct expenses	8b	35,261.				
	c Net income or (loss) from fundraising events			-19,025.			-19,025.
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions				66,961,241.	0.	0.	292,253.

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TURNING POINTS FOR CHILDREN

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	148,351.	126,099.	7,418.	14,834.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	26,959,933.	25,775,645.	1,008,490.	175,798.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	258,261.	249,427.	6,915.	1,919.
9 Other employee benefits	4,817,658.	4,661,241.	137,445.	18,972.
10 Payroll taxes	2,063,702.	1,995,458.	58,886.	9,358.
11 Fees for services (nonemployees):				
a Management	1,637,968.		1,637,968.	
b Legal	300,341.	41,699.	258,542.	100.
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	612,894.	391,115.	215,940.	5,839.
12 Advertising and promotion	368,424.	269,035.	96,457.	2,932.
13 Office expenses	355,018.	332,464.	17,497.	5,057.
14 Information technology	817,168.	794,326.	22,842.	
15 Royalties				
16 Occupancy	3,196,641.	3,032,841.	158,757.	5,043.
17 Travel	876,367.	867,735.	6,656.	1,976.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	460,797.	383,754.	75,479.	1,564.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	211,403.	178,072.	33,231.	100.
23 Insurance	4,137,797.	4,083,369.	35,641.	18,787.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM FEES	13,276,641.	13,225,524.	40,280.	10,837.
b OTHER EXPENSES	466,495.	258,545.	183,730.	24,220.
c TRAINING AND STAFF DEVELOPMENT	326,912.	315,150.	9,895.	1,867.
d DISASTER RECOVERY	17,585.	4,033.	13,552.	
e All other expenses	2,588.	2,588.		
25 Total functional expenses. Add lines 1 through 24e	61,312,944.	56,988,120.	4,025,621.	299,203.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,244,832.	1	2,213,648.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	14,039,296.	4	16,892,415.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	980,482.	9	465,711.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,338,082.		
	b Less: accumulated depreciation	10b 4,952,332.	10c	2,385,750.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	29,272,532.	15	24,037,150.
16 Total assets. Add lines 1 through 15 (must equal line 33)	49,075,504.	16	45,994,674.	
Liabilities	17 Accounts payable and accrued expenses	11,371,016.	17	13,558,406.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,466,254.	23	1,227,945.
	24 Unsecured notes and loans payable to unrelated third parties	5,578,760.	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	898,120.	25	856,372.
	26 Total liabilities. Add lines 17 through 25	19,314,150.	26	15,642,723.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	8,067,676.	27	12,174,897.
	28 Net assets with donor restrictions	21,693,678.	28	18,177,054.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	29,761,354.	32	30,351,951.
	33 Total liabilities and net assets/fund balances	49,075,504.	33	45,994,674.

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Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	66,961,241.
2	Total expenses (must equal Part IX, column (A), line 25)	2	61,312,944.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,648,297.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	29,761,354.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-5,057,700.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	30,351,951.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2021)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	45790059.	59977240.	57937113.	61397440.	66668988.	291770840
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	45790059.	59977240.	57937113.	61397440.	66668988.	291770840
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						291770840

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	45790059.	59977240.	57937113.	61397440.	66668988.	291770840
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	264,084.	291,226.	294,796.	285,926.	311,278.	1447310.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	88,255.	355,575.	14,178.	8,146.	16,236.	482,390.
11 Total support. Add lines 7 through 10						293700540
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	99.34 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	99.30 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990) 2021

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**FUNDRAISING EVENTS**

2017 AMOUNT: \$ 88,255.

2018 AMOUNT: \$ 355,575.

2019 AMOUNT: \$ 14,178.

2020 AMOUNT: \$ 8,146.

2021 AMOUNT: \$ 16,236.

Schedule B
(Form 990)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

TURNING POINTS FOR CHILDREN

Employer identification number

23-1352272

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules**☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Page **2**

Name of organization

Employer identification number

TURNING POINTS FOR CHILDREN

23-1352272

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 57,478,825.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 5,578,759.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

23-1352272

Part II

123453 11-11-21

Schedule B (Form 990) (2021)

Page 4

Name of organization

Employer identification number

TURNING POINTS FOR CHILDREN

23-1352272

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021Open to Public
Inspection

Name of the organization

TURNING POINTS FOR CHILDREN

Employer identification number

23-1352272

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2021

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	22,334,096.	17,916,369.	19,211,690.	19,091,924.	19,348,599.
b Contributions	2,320.	1,950.	3,362.	384,000.	
c Net investment earnings, gains, and losses	-2,909,879.	5,465,780.	374,554.	553,815.	1,451,802.
d Grants or scholarships					
e Other expenditures for facilities and programs	860,200.	927,337.	1,571,717.	700,000.	1,590,007.
f Administrative expenses	114,631.	122,666.	101,520.	118,049.	118,470.
g End of year balance	18,451,706.	22,334,096.	17,916,369.	19,211,690.	19,091,924.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☒ 33.0000 %
b Permanent endowment ☒ 67.0000 %
c Term endowment ☐ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
(ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		23,800.		23,800.
b Buildings		76,270.	76,270.	0.
c Leasehold improvements		4,872,725.	2,528,234.	2,344,491.
d Equipment		2,290,516.	2,290,516.	0.
e Other		74,771.	57,312.	17,459.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,385,750.

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM RELATED PARTIES	1,022,186.
(2) INTEREST IN NET ASSETS OF TURNING POINTS FOR CHILDREN	
(3) CHARITABLE FOUNDATION	18,451,706.
(4) BENEFICIAL INTEREST IN TRUSTS	4,563,258.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	24,037,150.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	856,372.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	856,372.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... ☒

Schedule D (Form 990) 2021

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	66,996,502.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	66,996,502.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-35,261.
c	Add lines 4a and 4b	4c	-35,261.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	66,961,241.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	66,405,905.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	5,092,961.
e	Add lines 2a through 2d	2e	5,092,961.
3	Subtract line 2e from line 1	3	61,312,944.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	61,312,944.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

TO SUPPORT THE CURRENT OPERATIONS OF TURNING POINTS FOR CHILDREN AND ITS
SUBSIDIARIES.

PART X, LINE 2:

GAAP REQUIRES ENTITIES TO EVALUATE, MEASURE, RECOGNIZE AND DISCLOSE ANY
UNCERTAIN TAX POSITIONS TAKEN ON THEIR TAX RETURNS. GAAP PRESCRIBES A
MINIMUM RECOGNITION THRESHOLD THAT A TAX POSITION IS REQUIRED TO MEET IN
ORDER TO BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE
ORGANIZATION BELIEVES THAT IT HAD NO UNCERTAIN TAX POSITIONS AS DEFINED IN
GAAP.

Part XIII Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	- 35,261.
------------------------	-----------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

BAD DEBT EXPENSE	123,023.
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SPECIAL EVENT EXPENSES	35,261.
------------------------	---------

CHANGE IN TPFC FDN	3,882,390.
--------------------	------------

CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUST	1,052,287.
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TOTAL TO SCHEDULE D, PART XII, LINE 2D	5,092,961.
--	------------

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		KIDS AT HEART GALA (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	283,236.			283,236.
	2 Less: Contributions	267,000.			267,000.
	3 Gross income (line 1 minus line 2)	16,236.			16,236.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	29,631.			29,631.
	8 Entertainment				
	9 Other direct expenses	27,725.			27,725.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				57,356.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-41,120.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
Revenue	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
Revenue	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- | | | | |
|-----------|--|------------------------------|-----------------------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |

Name ►

Address ►

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ▶

Address ►

- 16** Gaming manager information:

Name

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer☐ Employee

☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

[illegible]

**SCHEDULE J
(Form 990)****Compensation Information**

OMB No. 1545-0047

2021Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
- Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- Attach to Form 990.
- Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

TURNING POINTS FOR CHILDREN

Employer identification number

23-1352272

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DAWN HOLDEN WOODS CEO	(i)	176,165.	23,790.	0.	35,761.	8,747.	244,463.	0.
	(ii)	176,165.	23,790.	0.	35,761.	8,747.	244,463.	0.
(2) SETH JONES SR. DIR OF FINANCE & ADMIN	(i)	145,684.	11,500.	0.	29,856.	14,765.	201,805.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DAVID FAIR DEPUTY CEO	(i)	145,361.	0.	0.	11,709.	16,486.	173,556.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4B:

CURRENT YEAR CONTRIBUTIONS

DAWN HOLDEN WOODS - \$21,105 (SERP) & \$19,500 (457B)

PAYMENTS WERE DETERMINED IN CONCERT WITH PHMC'S OVERALL PAY PRACTICE FOR SENIOR MANAGEMENT TO INCLUDE QUALIFIED PENSION PLAN AND SOCIAL SECURITY AMOUNTS WITH THE GOAL OF A 53% REPLACEMENT INCOME RATIO. THIS PLAN WAS APPROVED AT BOARD EXECUTIVE/COMPENSATION MEETINGS AND SUBSEQUENT BOARD OF DIRECTORS' MEETINGS.

PART I, LINE 5:

PHMC STAFF EVALUATIONS ARE BASED UPON A PERFORMANCE MANAGEMENT SYSTEM WHICH ESTABLISHES MILESTONES, OBJECTIVES, COMPETENCIES, AND RATES ACCORDINGLY. IN ADDITION, AN EXECUTIVE BONUS PLAN WAS APPROVED BY THE BOARD PERSONNEL COMMITTEE AND APPLIES TO PHMC MANAGING DIRECTORS AND ABOVE. THIS PLAN IS DESIGNED TOWARDS BOTH INDIVIDUAL AND OVERALL PERFORMANCE AND IS BASED UPON PERFORMANCE CRITERIA WHICH RECOGNIZE BOTH SPECIFIC PROGRAM/COMPONENT/AFFILIATE GOALS AND OVERALL PHMC FINANCIAL/ADMINISTRATIVE GOALS.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 6:

PHMC STAFF EVALUATIONS ARE BASED UPON A PERFORMANCE MANAGEMENT SYSTEM WHICH ESTABLISHES MILESTONES, OBJECTIVES, COMPETENCIES, AND RATES ACCORDINGLY. IN ADDITION, AN EXECUTIVE BONUS PLAN WAS APPROVED BY THE BOARD PERSONNEL COMMITTEE AND APPLIES TO PHMC MANAGING DIRECTORS AND ABOVE. THIS PLAN IS DESIGNED TOWARDS BOTH INDIVIDUAL AND OVERALL PERFORMANCE AND IS BASED UPON PERFORMANCE CRITERIA WHICH RECOGNIZE BOTH SPECIFIC PROGRAM/COMPONENT/AFFILIATE GOALS AND OVERALL PHMC FINANCIAL/ADMINISTRATIVE GOALS.

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

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FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAM AND ESTABLISH PERMANENCY, EDUCATION, EMPLOYMENT, HOUSING AND
BASIC INDEPENDENT LIVING SKILLS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FAMILY FINDING: THE FAMILY FINDING PROGRAM WORKS TO LOCATE AND ENGAGE
PEOPLE WHO CAN BE LIFELONG SUPPORTS FOR CHILDREN IN PLACEMENT OR AT
RISK OF PLACEMENT. EVERY CHILD HAS A FAMILY AND WHEN THEY ARE REMOVED
FROM FAMILY TO ENTER THE CHILD WELFARE SYSTEM, ONE OF THE SIDE EFFECTS
IS LONELINESS. TURNING POINTS FOR CHILDREN IS THE SOLE PROVIDER OF
FAMILY FINDING SERVICES IN PHILADELPHIA. CHILDREN RECONNECT WITH FAMILY
MEMBERS OR OTHER SIGNIFICANT PEOPLE IN THEIR PAST WITH WHOM THEY HAVE
LOST CONTACT OR PERHAPS HAVE NEVER MET THROUGH THIS PROGRAM. THIS HELPS
A CHILD DEVELOP AN ESSENTIAL SENSE OF BELONGING, IDENTITY AND
RESILIENCE. SPECIALLY TRAINED SOCIAL WORKERS, WITH EXTENSIVE SEARCH AND
ENGAGEMENT SKILLS, WORK DILIGENTLY TO CONNECT CHILDREN OF ALL AGES WITH
A CARING ADULT FAMILY MEMBERS.

FAMILIES AND WELLNESS NUTRITION ("FAWN"): FAWN PROVIDES THOUSANDS OF
UNDER-SERVED FAMILIES ACROSS PHILADELPHIA WITH CONSISTENT EMERGENCY
FOOD AND RESOURCES TO REGULARLY KEEP FOOD ON THE TABLE. WE COLLABORATE
WITH LOCAL GROCERS, FOOD BANKS, COMMUNITY GARDENS, VOLUNTEERS AND
HEALTH PROMOTION ADVOCACY GROUPS TO EXPAND ACCESS TO HEALTHIER FOOD
CHOICES, BUDGET-FRIENDLY MEAL PLANNING, AND MEANINGFUL CONNECTIONS TO A
CONTINUUM OF OTHER SUPPORT SERVICES. AT OUR EMERGENCY FOOD PANTRY WE
STRIVE TO OFFER ALL THE CHOICES OF A MAINSTREAM GROCERY STORE WITH THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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Name of the organization

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ADDED SUPPORT OF PROFESSIONAL SOCIAL WORKERS AND KNOWLEDGEABLE STAFF TO ADDRESS THE OTHER CHALLENGES LIFE HAS IN STORE.

PARENTING SUPPORT SERVICE: TURNING POINTS FOR CHILDREN OFFERS PARENTING AND FAMILY EDUCATION/SUPPORT GROUPS THROUGHOUT THE CITY OF PHILADELPHIA. GROUPS MEET WEEKLY FOR 12 WEEKS. THESE GROUPS PROVIDE PARENTS WITH LEARNING TOOLS AND STRATEGIES TO HELP COPE WITH THE CHALLENGES OF PARENTING, STRENGTHEN FAMILY RELATIONSHIPS, AND PROMOTE THE HEALTHY DEVELOPMENT OF CHILDREN.

CURRENT GROUPS ARE OFFERED TO:

- PREGNANT AND PARENTING TEEN MOTHERS IN OUR "TIME OUT FOR TEENS & TOTS" PROGRAM
- EXPECTANT AND TEEN FATHERS (ADDITIONAL INDIVIDUAL SUPPORTIVE SERVICES OFFERED WITH THIS PROGRAM)
- ADULT FATHERS (ADDITIONAL INDIVIDUAL SUPPORTIVE SERVICES OFFERED WITH THIS PROGRAM)
- ADULT PARENTS/CAREGIVERS/GRANDPARENTS/FOSTER PARENTS/KINSHIP PROVIDERS

ADDITIONAL INDIVIDUAL AND GROUP SERVICES ARE OFFERED TO PREGNANT AND PARENTING TEENS TO HELP THEM TO STAY IN SCHOOL AND GRADUATE.

EXPENSES \$ 2,419,953. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

THE AFFILIATION BETWEEN THE ORGANIZATION AND PHMC CREATES A "MEMBERSHIP MODEL" WHEREBY PHMC IS THE SOLE MEMBER OF ITS AFFILIATES.

FORM 990, PART VI, SECTION A, LINE 7A:

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PER THE AFFILIATION AGREEMENT BETWEEN THE ORGANIZATION AND PHMC, PHMC HAS THE AUTHORITY TO ELECT AND REMOVE AFFILIATE BOARD MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7B:

PER THE AFFILIATION AGREEMENT BETWEEN THE ORGANIZATION AND PHMC, PHMC HAS THE AUTHORITY TO ELECT AND REMOVE AFFILIATE BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

TPFC HAS ESTABLISHED AN AUDIT COMMITTEE TO ASSIST THE BOARD IN FULFILLING ITS OVERSIGHT RESPONSIBILITIES RELATED TO THE FINANCIAL REPORTING PROCESS. THE COMMITTEE WILL REVIEW AND APPROVE ORGANIZATION AUDIT AND FORM 990 TAX RETURN. THE COMMITTEE WILL REVIEW WITH MANAGEMENT AND INDEPENDENT AUDITORS ALL MATTERS REQUIRED TO BE COMMUNICATED TO THE COMMITTEE UNDER GAAS, INCLUDING AUDIT FINDINGS AND COMMENTS AND FORM 990 CONCERNS, IF ANY. SUBSEQUENT TO THE AUDIT COMMITTEE REVIEW AND APPROVAL OF THE FORM 990, A COPY OF THE APPROVED FORM 990 IS PROVIDED TO THE FULL BOARD PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

TPFC HAS A CONFLICT OF INTEREST POLICY TO INCLUDE DIRECTORS, OFFICERS, EXECUTIVE DIRECTOR, PRESIDENT AND KEY MANAGEMENT EMPLOYEES. SUCH INDIVIDUALS, AS DESCRIBED ABOVE, MUST DISCLOSE ACTUAL OR POTENTIAL CONFLICTS OF INTEREST BY COMPLETING AN ANNUAL CONFLICT OF INTEREST STATEMENT AND DISCLOSURE FORM, AND MUST UPDATE THE DISCLOSURE FORM ON AN ON-GOING BASIS AS ANY NEW ACTIVITIES OR RELATIONSHIP ARISE. POLICY EXTENDS TO INDIVIDUALS' IMMEDIATE FAMILY MEMBERS (SPOUSE, PARTNER, SIBLINGS, PARENTS AND CHILDREN).

COMPLETED DISCLOSURE FORMS ARE MAINTAINED AT PHMC'S CORPORATE OFFICE AND

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REVIEWED BY THE PRESIDENT AND SENIOR PHMC MANAGEMENT. IF AN ACTUAL OR POTENTIAL CONFLICT ARISES, THE MATTER IS DISCUSSED AT THE APPROPRIATE BOARD LEVEL. THE BOARD OR DESIGNATED COMMITTEE SHALL REVIEW EACH CONFLICT WITHIN ONE MONTH TO DETERMINE IF A CONFLICT EXISTS. IF A CONFLICT EXISTS, THE INTERESTED PARTY MUST ABSTAIN FROM PARTICIPATING IN DISCUSSION OR DECISION-MAKING ON THIS MATTER.

THE MINUTES OF THE BOARD SHALL RECORD THE NAMES OF THE PERSONS WHO WERE FOUND TO HAVE AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, THE NATURE OF THE CONFLICT, FOLLOW UP, AND BOARD'S DECISION AS TO WHETHER A CONFLICT OF INTEREST IN FACT EXISTED. THE MINUTES WILL ALSO RECORD THE BOARD VOTE AND PERSONS WHO ABSTAINED AND ANY ALTERNATIVE TO THE PROPOSED TRANSACTION OR ARRANGEMENT. INTENTIONAL VIOLATION OF THIS POLICY CONSTITUTES CAUSE FOR TERMINATION OR REMOVAL.

FORM 990, PART VI, SECTION B, LINE 15:

PHMC HAS DEVELOPED AN EXECUTIVE MANAGEMENT COMPENSATION POLICY TO ENSURE THAT PHMC AND AFFILIATES CEO AND TOP MANAGEMENT COMPENSATION LEVELS ARE REASONABLE AND COMPARABLE WITH SIMILAR ORGANIZATIONS. ON A PERIODIC BASIS, PHMC HIRES AN INDEPENDENT EXECUTIVE COMPENSATION CONSULTANT TO ASSESS PHMC'S PAY COMPETITIVENESS, WITH THE OBJECTIVE THAT PHMC COMPENSATION SHOULD BE AT OR APPROACHING MEDIAN SALARY FOR COMPARABLE NONPROFIT ORGANIZATIONS. THIS STUDY IS REVIEWED AND APPROVED BY PHMC PERSONNEL COMMITTEE AND BOARD OF DIRECTORS, AND THE REVIEW PROCESS IS INCLUDED AS PART OF THE PERSONNEL COMMITTEE MINUTES.

PHMC MAINTAINS A FORMAL COMPENSATION PROGRAM AND PAY PHILOSOPHY FOR AFFILIATES' EXECUTIVE AND PROGRAM DIRECTORS AND OTHER EMPLOYEES. THIS

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POLICY SETS SALARY AT APPROXIMATELY THE MEDIAN OR 50TH PERCENTILE OF SALARY LEVELS MAINTAINED BY OTHER ORGANIZATIONS WITH WHOM PHMC REGULARLY COMPETES. THE STRUCTURE CONSISTS OF A SERIES OF PAY GRADES AND SALARY RANGES ALL DEFINED BY A MIDPOINT, MINIMUM AND MAXIMUM.

PHMC STAFF EVALUATIONS ARE BASED UPON A PERFORMANCE MANAGEMENT SYSTEM WHICH ESTABLISHES MILESTONES, OBJECTIVES, COMPETENCIES, AND RATES ACCORDINGLY. IN ADDITION, AN EXECUTIVE BONUS PLAN WAS APPROVED BY THE BOARD PERSONNEL COMMITTEE AND APPLIES TO PHMC MANAGING DIRECTORS AND ABOVE. THIS PLAN IS DESIGNED TOWARDS BOTH INDIVIDUAL AND OVERALL PERFORMANCE AND IS BASED UPON PERFORMANCE CRITERIA WHICH RECOGNIZE BOTH SPECIFIC PROGRAM/COMPONENT/AFFILIATE GOALS AND OVERALL PHMC FINANCIAL/ADMINISTRATIVE GOALS. PHMC STAFF EVALUATIONS ARE BASED UPON A PERFORMANCE MANAGEMENT SYSTEM WHICH ESTABLISHES MILESTONES, OBJECTIVES, COMPETENCIES, AND RATES ACCORDINGLY. IN ADDITION, AN EXECUTIVE BONUS PLAN WAS APPROVED BY THE BOARD PERSONNEL COMMITTEE AND APPLIES TO PHMC MANAGING DIRECTORS AND ABOVE. THIS PLAN IS DESIGNED TOWARDS BOTH INDIVIDUAL AND OVERALL PERFORMANCE AND IS BASED UPON PERFORMANCE CRITERIA WHICH RECOGNIZE BOTH SPECIFIC PROGRAM/COMPONENT/AFFILIATE GOALS AND OVERALL PHMC FINANCIAL/ADMINISTRATIVE GOALS.

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABLE UPON REQUEST

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

INTEREST IN NET ASSETS OF TURNING POINTS FOR CHILDREN

CHARITABLE FOUNDATION -3,882,390.

CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUSTS -1,052,287.

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-123,023.

-5,057,700.

SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021**Open to Public Inspection**

Name of the organization

TURNING POINTS FOR CHILDRENEmployer identification number
23-1352272**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
TURNING POINTS CUA 3, LLC - 82-2066331 4329 GRISCOM STREET PHILADELPHIA, PA 19124	PROVIDES CHILD WELFARE AND JUVENILE JUSTICE SERVICES	PENNSYLVANIA	8,023,373.		TURNING POINTS FOR CHILDREN
TURNING POINTS CUA 5, LLC - 46-4630983 3300 HENRY AVENUE PHILADELPHIA, PA 19129	PROVIDES CHILD WELFARE AND JUVENILE JUSTICE SERVICES	PENNSYLVANIA	11,603,390.		TURNING POINTS FOR CHILDREN
TURNING POINTS CUA 9, LLC - 82-2069673 3901 MARKET STREET PHILADELPHIA, PA 19104	PROVIDES CHILD WELFARE AND JUVENILE JUSTICE SERVICES	PENNSYLVANIA	7,848,118.		TURNING POINTS FOR CHILDREN
TURNING POINTS CUA 10, LLC - 46-5135980 5070 PARKSIDE AVENUE PHILADELPHIA, PA 19139	PROVIDES CHILD WELFARE AND JUVENILE JUSTICE SERVICES	PENNSYLVANIA	9,596,075.		TURNING POINTS FOR CHILDREN

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
PUBLIC HEALTH MANAGEMENT CORPORATION - 23-2971146, CENTRE SQUARE EAST 1500 MARKET STREET, PHILADELPHIA, PA 19102	COORDINATING AGENT FOR COMMUNITY & CORPORATE GROUPS	PENNSYLVANIA	501(C)(3)	LINE 7	N/A		X
THE WORKFORCE INSTITUTE'S CITY COLLEGE - 23-1930438, CENTRE SQUARE EAST 1500 MARKET STREET, PHILADELPHIA, PA 19102	HELP UNDER-EDUCATED AND UNDER-EMPLOYED PEOPLE GAIN SKILLS AND EXPERIENCE	PENNSYLVANIA	501(C)(3)	LINE 2	PUBLIC HEALTH MANAGEMENT CORPORATION	X	
PUBLIC HEALTH MANAGEMENT SERVICES CORPORATION - 23-2971146, CENTRE SQUARE EAST 1500 MARKET STREET, PHILADELPHIA, PA 19102	DELAWARE PUBLIC HEALTH INSTITUTE	PENNSYLVANIA	501(C)(3)	LINE 7	PUBLIC HEALTH MANAGEMENT CORPORATION	X	
THE THERAPEUTIC CENTER AT FOX CHASE AKA THE BRIDGE - 23-1735837, CENTRE SQUARE EAST 1500 MARKET STREET, PHILADELPHIA, PA 19102	PROVIDES ADDICTION SERVICES TO ADOLESCENTS, ADULTS & THEIR FAMILIES	PENNSYLVANIA	501(C)(3)	LINE 7	TURNING POINTS FOR CHILDREN	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990)

TURNING POINTS FOR CHILDREN

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Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
HEALTH PROMOTION COUNCIL OF SOUTHEASTERN PENNSYLVANIA, INC - 23-2182113, CENTRE SQUARE EAST 1500 MARKET STREET, NATIONAL NURSE-LED CENTERS CONSORTIUM, INC. - 01-0560081, CENTRE SQUARE EAST 1500 MARKET STREET, PHILADELPHIA, PA 19102	PROMOTES HEALTH, PREVENTION AND MANAGEMENT OF CHRONIC DISEASES	PENNSYLVANIA	501(C)(3)	LINE 7	PUBLIC HEALTH MANAGEMENT CORPORATION	X	
PHMC FORT WASHINGTON - 23-2433833 CENTRE SQUARE EAST 1500 MARKET STREET PHILADELPHIA, PA 19102	ADVOCATES FOR ACCESSIBLE HEALTHCARE THROUGH NURSES AS PRIMARY PURPOSES	PENNSYLVANIA	501(C)(3)	LINE 7	PUBLIC HEALTH MANAGEMENT CORPORATION	X	
JOSEPH J. PETERS INSTITUTE - 23-1996523 100 S BROAD STREET, 17TH FLOOR PHILADELPHIA, PA 19102	SINGLE ASSET ENTITY TO ACCOMMODATE FACILITY NEEDS OF PHMC INTEGRATED	PENNSYLVANIA	501(C)(3)	LINE 7	PUBLIC HEALTH MANAGEMENT CORPORATION	X	
INTERIM HOUSE WEST FACILITIES, INC - 23-3058524, CENTRE SQUARE EAST 1500 MARKET STREET, PHILADELPHIA, PA 19102	PROVIDES PSYCHIATRIC SERVICES TO SEXUAL VICTIMS & SEX OFFENDERS	PENNSYLVANIA	501(C)(3)	LINE 10	PUBLIC HEALTH MANAGEMENT CORPORATION	X	
PUBLIC HEALTH FUND - 23-1985544 CENTRE SQUARE EAST 1500 MARKET STREET PHILADELPHIA, PA 19102	SINGLE ASSET ENTITY TO ACCOMMODATE FACILITY NEEDS OF INTERIM HOUSE WEST	PENNSYLVANIA	501(C)(3)	LINE 12A, I	PUBLIC HEALTH MANAGEMENT CORPORATION	X	
CALCUTTA HOUSE - 23-2532463 1601 W GIRARD AVENUE PHILADELPHIA, PA 19130	CHARITABLE ACTIVITIES TO SUPPORT, DEVELOP AND ADVANCE HEALTH CARE SYSTEM	PENNSYLVANIA	501(C)(3)	LINE 12A, I	PUBLIC HEALTH MANAGEMENT CORPORATION	X	
PHMC 1500 - 81-0895638 CENTRE SQUARE EAST 1500 MARKET STREET PHILADELPHIA, PA 19102	SUPPORTIVE PLACE FOR OSTRACIZED INDIVIDUALS WITH END-STAGE AIDS	PENNSYLVANIA	501(C)(3)	LINE 7	PUBLIC HEALTH MANAGEMENT CORPORATION	X	
THE TURNING POINTS FOR CHILDREN CHARITABLE FOUNDATION - 46-3673010, 415 SOUTH 15TH STREET, PHILADELPHIA, PA 19146	PROVIDES CHILD-CARE IN PARTNERSHIP WITH ANOTHER ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 10	PUBLIC HEALTH MANAGEMENT CORPORATION	X	
PENNSYLVANIA PUBLIC HEALTH ASSOCIATION - 23-7360170, CENTRE SQUARE EAST 1500 MARKET STREET, PHILADELPHIA, PA 19102	SUPPORTING ORGANIZATION FOR TURNING POINTS FOR CHILDREN	PENNSYLVANIA	501(C)(3)	LINE 12A, I	TURNING POINTS FOR CHILDREN	X	
PHMC INTEGRATED - 23-1729031 CENTRE SQUARE EAST 1500 MARKET STREET PHILADELPHIA, PA 19102	IMPROVE & PROMOTE HEALTH STATUS OF CITIZENS OF PA	PENNSYLVANIA	501(C)(3)	LINE 10	PUBLIC HEALTH MANAGEMENT CORPORATION	X	
INTERIM HOUSE, INC. - 23-7271716 CENTRE SQUARE EAST 1500 MARKET STREET PHILADELPHIA, PA 19102	PROVIDE EDUCATION, BEHAVIORAL HEALTH AND CHILD WELFARE SERVICES TO	PENNSYLVANIA	501(C)(3)	LINE 2	PUBLIC HEALTH MANAGEMENT CORPORATION	X	
	PROVIDES COMPREHENSIVE SERVICES TO WOMEN ADDICTED TO DRUGS & ALOCHOL	PENNSYLVANIA	501(C)(3)	LINE 7	PUBLIC HEALTH MANAGEMENT CORPORATION	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

[illegible]

Part III

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
PHMC 4601, INC. - 84-3169921	REAL ESTATE HOLDING	DE	PUBLIC HEALTH MANAGEMENT CORPORATION	C CORP				X	
CENTRE SQUARE EAST, 1500 MARKET STREET									
PHILADELPHIA, PA 19102									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
TURNING POINTS FOR CHILDREN CHARITABLE (1) FOUNDATION	C	850,000.	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Schedule R (Form 990) 2021

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

HEALTH PROMOTION COUNCIL OF SOUTHEASTERN PENNSYLVANIA, INC

EIN: 23-2182113

CENTRE SQUARE EAST 1500 MARKET STREET

PHILADELPHIA, PA 19102

NAME OF RELATED ORGANIZATION:

PHMC INTEGRATED

PRIMARY ACTIVITY: PROVIDE EDUCATION, BEHAVIORAL HEALTH AND CHILD WELFARE
SERVICES TO CHILDREN**NAME OF RELATED ORGANIZATION:**

CENTER FOR AUTISM

PRIMARY ACTIVITY: PROVIDE COMPREHENSIVE TREATMENT PROGRAMS TO REDUCE THE
SYMPTOMS OF AUTISM

TAX RETURN FILING INSTRUCTIONS

PENNSYLVANIA FORM BCO-10

FOR THE YEAR ENDING

JUNE 30, 2022

Prepared for	TURNING POINTS FOR CHILDREN 415 SOUTH 15TH STREET PHILADELPHIA, PA 19146
Prepared by	BBD, LLP 1835 MARKET STREET, 3RD FLOOR PHILADELPHIA, PA 19103
Amount due or refund	BALANCE DUE OF \$250.00
Make check payable to	COMMONWEALTH OF PENNSYLVANIA
Mail tax return and check (if applicable) to	BUREAU OF CHARITABLE ORGANIZATIONS 207 NORTH OFFICE BUILDING HARRISBURG, PA 17120
Return must be mailed on or before	MAY 15, 2023
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S). A COMPLETED AND SIGNED COPY OF FEDERAL FORM 990 (AND ALL APPLICABLE ATTACHMENTS) MUST BE INCLUDED WITH FORM BCO-10.

Mail to:

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
207 North Office Building
Harrisburg, PA 17120

See www.dos.pa.gov/charities for more information

Charitable Organization Registration Statement

BCO-10 (rev. 2/2022)

Fee: See instructions

Certificate number: 00722

(N/A if initial registration)

Fiscal year ended: 06/30/2022

MM DD YYYY

FEIN: 23-1352272

If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at least one of the following must apply:

☐ Organization is exempt from registration because

☐ Organization does not solicit contributions in Pennsylvania

1. Legal name of organization: TURNING POINTS FOR CHILDREN

☐ Check if name change and give previous name _____

2. All other names used to solicit contributions: _____

NONE

3. Contact person: ROBERT BLOCK, CFO

Contact's E-mail: RBLOCK@PHMC.ORG

4. Principal address of organization:

Mailing address: (if different than principal address):

415 SOUTH 15TH STREET

PHILADELPHIA

PA 19146

County: PHILADELPHIA

Phone number: 215-875-4950

800 number: _____

Fax number: _____

Email (if different than Contact's email): _____

Website: WWW.TURNINGPOINTSFORCHILDREN.ORG

5. Type of organization (e.g. non-profit corporation, unincorporated association, etc.):

NONPROFIT CORPORATION

Where established: PENNSYLVANIA

Date established: 01/01/1835

*Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution or other organizational instrument and by-laws.

TURNING POINTS FOR CHILDREN

6. Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary)

SEE STATEMENT 1

7. Short form registration applicability - Specified types of charitable organizations described in §162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":

☐ §162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust

☐ §162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.

☐ §162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities

☐ §162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.

☒ Not Applicable

Charitable organizations which check boxes §162.7(a)(1) - §162.7(a)(4) are not required to file a financial report with this registration. If "Not Applicable" is checked, the charitable organization must submit financial reports which are audited, reviewed, compiled or internally prepared. See Instructions.

Items 8 and 9 are required to be completed by initial registrants only

8. Date organization first solicited contributions from Pennsylvania residents: _____
MM DD YYYY

Other _____

9. If organization solicited Pennsylvania residents and received gross* contributions totaling more than \$25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than \$25,000.

MM DD YYYY

Other _____

*Includes contributions received both within and outside Pennsylvania before any deductions or expenses.

TURNING POINTS FOR CHILDREN

10. Has the organization been granted IRS tax-exempt status? ☒ Yes ☐ No

A. If "Yes," under which IRS code section: 501(C)(3) and attach a copy of the IRS exemption letter if not previously submitted.

B. Has the organization's tax-exempt status ever been denied, revoked or modified? ☐ Yes ☒ No
(If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.)

11. Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year? ☒ Yes ☐ No

(If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. DO NOT INCLUDE SCHEDULE B UNLESS YOU FILE 990 PF.

If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)

12. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):

DIRECT SOLICITATION OF INDIVIDUALS, CORPORATIONS AND FOUNDATIONS,
SPECIAL EVENTS AND GRANT WRITING.

13. A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.

TO NURTURE FAMILIES WITH CHILDREN WHO ARE STRUGGLING AGAINST
ECONOMIC AND ENVIORNMENTAL ODDS, GIVING THEM THE CRITICAL RESOURCES,
LIFE SKILLS AND SUPPORTIVE PARTNERSHIPS TO CREATE STRONGER FAMILIES
AND RAISE CHILDREN WITH HOPE FOR A BRIGHTER FUTURE.

14. Is the organization registered to solicit contributions in any other state or municipality?

☐ Yes ☒ No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)

15. Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.) ☐ Yes ☒ No

If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents: _____
Month Day Year

16. Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary)

SEE STATEMENT 2

TURNING POINTS FOR CHILDREN

17. Names, addresses, and telephone numbers of all professional fundraising counsel the organization uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)

SEE STATEMENT 3

18. Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization: (Attach a separate sheet if necessary)

NONE

19. If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates?

(See note "Affiliate and Parent Organization") ☐ Yes ☐ No ☒ Not Applicable

If "Yes," give all names and certificate numbers of the affiliate organizations:

(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

20. Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization")

☐ Yes ☐ No ☒ Not Applicable

If "Yes," provide the name and, if available, certificate number of the parent organization.

(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

Legal name of parent organization

Pennsylvania certificate number

21. Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)

SEE STATEMENT 4

TURNING POINTS FOR CHILDREN

22. Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)

A. Are in charge of solicitation activities:

ROBERT BLOCK, CFO, PHMC

CENTRE SQUARE EAST, 1500 MARKET STREET PHILADELPHIA, PA 19102

B. Have final responsibility for the custody of contributions:

ROBERT BLOCK, CFO, PHMC

CENTRE SQUARE EAST, 1500 MARKET STREET PHILADELPHIA, PA 19102

C. Have final responsibility for final distribution of contributions:

ROBERT BLOCK, CFO, PHMC

CENTRE SQUARE EAST, 1500 MARKET STREET PHILADELPHIA, PA 19102

D. Are responsible for custody of financial records:

SETH JONES, SR DIRECTOR OF FINANCE & ADMIN

CENTRE SQUARE EAST, 1500 MARKET STREET PHILADELPHIA, PA 19102

23. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

A. Any other officer, director, trustee, or employee? ☐ Yes ☒ No

B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? ** ☐ Yes ☒ No

C. Any officers, agents or employees of any supplier or vendor providing goods or services? **
☐ Yes ☒ No

** (this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor)

If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties.

24. Has the organization or any of its present officers, directors, executive personnel or trustees ever:

A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction? ☐ Yes ☒ No

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? ☐ Yes ☒ No

C. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency? ☐ Yes ☒ No

(If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

TURNING POINTS FOR CHILDREN

Certification - This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties).

Signature of Chief Fiscal Officer

Date

SETH JONES, SR DIRECTOR OF FINANCE & ADMIN

Type or print name and title of Chief Fiscal Officer

Signature of Other Authorized Officer

Date

ROBERT BLOCK, CFP, PHMC

Type or print name and title of Other Authorized Officer

Checklist for registration:

- ☒ Completed registration statement properly signed and dated.
- ☒ A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer
- ☐ Public Disclosure Form BCO-23 (if required)
- ☒ Applicable Financial Statements (audited, reviewed, compiled or internally prepared)
- ☒ Registration fee and any late filing fees
- ☐ Initial Registrants Only: IRS determination letter, articles of incorporation or charter and by-laws.

See Instructions for more information on completing this form and attachments.

FORM BCO-10	ALL OFFICES, CHAPTERS, BRANCHES LOCATED IN PA	STATEMENT	1
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NAME AND ADDRESS	PHONE NUMBER
MAIN OFFICE 415 S. 15TH STREET, PHILADELPHIA, PA 19146	215-875-8200
NAME AND ADDRESS	PHONE NUMBER
COMMUNITY UMBRELLA AGENCY 9 3901 MARKET STREET, PHILADELPHIA, PA 19104	215-875-8200
NAME AND ADDRESS	PHONE NUMBER
COMMUNITY UMBRELLA AGENCY 3 1527 CHURCH STREET, PHILADELPHIA, PA 19124	215-268-5845
NAME AND ADDRESS	PHONE NUMBER
FAWN 4346 FRANKFORD AVENUE UNIT 2, PHILADELPHIA, PA 19124	267-236-1558
NAME AND ADDRESS	PHONE NUMBER
COMMUNITY UMBRELLA AGENCY 10 5070 PARKSIDE AVE, PHILADELPHIA, PA 19131	215-875-8200
NAME AND ADDRESS	PHONE NUMBER
COMMUNITY UMBRELLA AGENCY 5 4539 CHESTER AVENUE, PHILADELPHIA, PA 19143	215-875-8200

FORM BCO-10	ALL PROFESSIONAL SOLICITORS	STATEMENT	2
NAME AND ADDRESS		PHONE NUMBER	
NONE			
CONTRACT BEGIN DATE	CONTRACT END DATE	SOLICIT DATE	

FORM BCO-10	PROFESSIONAL FUNDRAISING COUNSELS	STATEMENT	3
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NAME AND ADDRESS	PHONE NUMBER
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NONE

CONTRACT BEGIN DATE	CONTRACT END DATE	SERVICE DATE
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FORM BCO-10	OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES	STATEMENT	4
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NAME AND ADDRESS	TITLE
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DAWN HOLDEN WOODS
415 SOUTH 15TH STREET
PHILADELPHIA, PA 19146

CEO

NAME AND ADDRESS

TITLE

DANIEL RADICH
415 SOUTH 15TH STREET
PHILADELPHIA, PA 19146

BOARD MEMBER

NAME AND ADDRESS

TITLE

JAMES W. ORAM JR
415 SOUTH 15TH STREET
PHILADELPHIA, PA 19146

PRESIDENT

NAME AND ADDRESS

TITLE

RAMCESS JEAN-LOUIS
415 SOUTH 15TH STREET
PHILADELPHIA, PA 19146

VICE PRESIDENT

NAME AND ADDRESS

TITLE

JAMES A. STAVROS
415 SOUTH 15TH STREET
PHILADELPHIA, PA 19146

TREASURER

NAME AND ADDRESS

TITLE

RACHEL E. BRANSON
415 SOUTH 15TH STREET
PHILADELPHIA, PA 19146

BOARD MEMBER

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
NANDI JAMES WILLIAMS 415 SOUTH 15TH STREET PHILADELPHIA, PA 19146	BOARD MEMBER
<u>NAME AND ADDRESS</u>	<u>TITLE</u>
SAM PATTERSON 415 SOUTH 15TH STREET PHILADELPHIA, PA 19146	BOARD MEMBER
<u>NAME AND ADDRESS</u>	<u>TITLE</u>
MARION CAMPBELL 415 SOUTH 15TH STREET PHILADELPHIA, PA 19146	BOARD MEMBER
<u>NAME AND ADDRESS</u>	<u>TITLE</u>
ANNE GRUNER 415 SOUTH 15TH STREET PHILADELPHIA, PA 19146	BOARD MEMBER
<u>NAME AND ADDRESS</u>	<u>TITLE</u>
CAMILLE HYMES 415 SOUTH 15TH STREET PHILADELPHIA, PA 19146	BOARD MEMBER
<u>NAME AND ADDRESS</u>	<u>TITLE</u>
RICK KRAEMER 415 SOUTH 15TH STREET PHILADELPHIA, PA 19146	BOARD MEMBER
<u>NAME AND ADDRESS</u>	<u>TITLE</u>
SUSAN LONERGAN 415 SOUTH 15TH STREET PHILADELPHIA, PA 19146	BOARD MEMBER
<u>NAME AND ADDRESS</u>	<u>TITLE</u>
AMANDA GALLAGHER 415 SOUTH 15TH STREET PHILADELPHIA, PA 19146	BOARD MEMBER
<u>NAME AND ADDRESS</u>	<u>TITLE</u>
CRYSTAL THOMPSON 415 SOUTH 15TH STREET PHILADELPHIA, PA 19146	BOARD MEMBER

NAME AND ADDRESS

TITLE

HERMAN L WOODS JR.
415 SOUTH 15TH STREET
PHILADELPHIA, PA 19146

BOARD MEMBER

NAME AND ADDRESS

TITLE

NANDI JONES-CLEMENT
415 SOUTH 15TH STREET
PHILADELPHIA, PA 19146

BOARD MEMBER